



Further information at www.tyoelake.fi or www.kela.fi
Please consult the instructions for pension applicants (ETK/Kela 7007oe).
In the instructions you will find information on the process of applying for a pension and on how your personal data is handled in connection with your pension application.



Please make sure to complete the application carefully. Attach all necessary documentation.
We may contact you for further information if necessary. You can send the application and any documents you wish to append to it to any pension provider or its customer service point, to the Finnish Centre for Pensions (Eläketurvakeskus) or to Kela.



If you have questions, please call your pension provider or Kela's customer service number www.kela.fi/phone-numbers

With this form you can apply for earnings-related pensions and national pensions as well as pensions from another EU or EEA country or Switzerland or a country that has concluded a social security agreement with Finland.

Recipients of a national pension or an earnings-related pension can apply for a child increase from Kela for children aged under 16 years.

Please complete and send form EV 264 (Hakemus - Eläkkeensaajan lapsikorotus) to Kela.

i You need to enclose a medical statement B with your application.

1. Applicant

Personal identity code

Family name

Given names

Street address

Postal code

Postal district

Phone number

E-mail

Country of residence

Have you lived or worked in some other country than Finland?

No Yes. Complete Appendix U. See section 12 (Enclosures).

Language in which you wish to receive the decision: Finnish Swedish

Legal representative

- I have no legal representative.
- I have a legal representative. See section 12 (Enclosures).
- Application for a legal representative is pending.
- I have issued a power of attorney concerning legal representation, and the power of attorney has been confirmed. See section 12 (Enclosures).

2. Bank account details

International bank account number (IBAN)

BIC code

3. Earnings-related pension (on account of paid employment or self-employment)

I wish to apply for rehabilitation subsidy or disability pension.

I wish to apply for partial disability pension or a preliminary decision on partial disability pension.

i Rehabilitation subsidy: a fixed-term disability pension

i When reviewing your application, the authorised pension provider will examine your right to receive vocational rehabilitation. If you have the right to receive vocational rehabilitation, the pension provider will give you a preliminary decision.

4. National pension

i You can receive a national pension if your earnings-related pension is small.

I wish to apply for rehabilitation subsidy or disability pension.

i Rehabilitation subsidy: a fixed-term disability pension

When reviewing your application, Kela will examine your right to receive rehabilitation from Kela.

5. Pension from another EU or EEA country or Switzerland or a country that has concluded a social security agreement with Finland

I wish to apply for disability pension. From which countries?

i If you apply for a pension from a country that has concluded a social security agreement with Finland, the Finnish Centre for Pensions will send you a separate application form for the agreement country. To speed up the processing of your case, you can also print the application form (www.tyoelake.fi) and send the form to the Finnish Centre for Pensions.

6. Spouse

i Please complete this section if you have completed section 4 or 5.

i Spouse means person married to, cohabiting with or living in a registered partnership with the applicant.

Personal identity code
of your spouse

Family name and given names of your spouse

Do you live with your spouse?

Yes No. I am separated from my spouse since _____._____.

Reason for separation

End of a couple relationship Other reason. Please specify: _____

7. Education and work

i If you are a farmer, you should also complete the form Maatalousyrittäjän selvitys (Farmer's notification). See section 12 (Enclosures).

Please state your education (qualifications/degrees, professional training and courses).

Please state your profession or the work you did before you fell ill. What does your work consist of?

What previous jobs have you had and for how long?

Since when have you worked in your latest job?



Before falling ill I worked

full-time part-time _____ hours per week.

Have you during the previous year received sick pay while working in an employment relationship?

Yes No

Do you still continue in your work?

Yes; amount of pay € _____ per month, including fringe benefits.

No; last day at work before the start of the sick leave was _____._____.

Last date for which you were paid: _____._____.

How have your job duties or entrepreneurial activity changed (e.g. work arrangements, cuts in entrepreneurial activity, lease of company)?

8. Staying on at work and work ability

Have your possibilities of returning to work been investigated?

No

Yes (e.g. rehabilitation measures such as clarification or investigation of need for rehabilitation, work experience placement)

What kind of work are you still able to do and to what extent?

What do you think could be done to make it easier for you to return to work?

Evaluate rehabilitation prospects

Make workplace arrangements or offer a work experience placement

Provide education, training or other rehabilitation measures. Please specify.

What illness or disability reduces your work ability?

When did this condition begin?

When did your incapacity for work begin?

Please describe how the illness or disability makes your work, studies or other activities more difficult.

9. Treatment of illness

Where have you received treatment for your illness?

What examinations have been carried out?

Next examination or doctor's visit

Name and contact information of your doctor

Contact information of the occupational healthcare provider

10. Other compensations, benefits and pensions

Do you receive or have you applied for some other compensation or pension from Finland (e.g. statutory compensation for occupational disease, accident, patient injury, traffic accident or rail accident)?

- No
- I receive a pension or compensation. Please specify the pension/compensation, the company you are receiving it from and the start date of payment.

Application pending. Specify the pension/compensation and the company to which you have submitted your application.

Have you received any other benefit during the previous two years (e.g. rehabilitation allowance, sickness allowance, unemployment allowance)?

- No
- Yes. Please specify the benefit and the time period. Also specify the payer.

Do you receive or have you applied for a compensation or some other pension than the pension mentioned under section 5 from outside Finland?

- No
- I receive a pension or compensation. Specify the pension/compensation and the start date of payment. Also specify the country and the institution. Enclose a certificate or decision. See section 12 (Enclosures).

Application pending. Specify the pension/compensation, the country and the institution to which you have submitted your application.

Do you receive or have you applied for a voluntary supplementary pension financed by the employer? Please complete this section if you have completed section 4.

- No
- I receive such a pension. Please specify the pension, the company you are receiving it from and the start date of payment.

Application pending. Please specify the pension and the company to which you have submitted your application.



11. Consent

Consent for the release of information to professionals and organisations involved in the planning and implementation of rehabilitation

i Complete this section if you apply for a pension from the authorised pension provider.

Under law, the authorised pension provider must investigate your entitlement to vocational rehabilitation when processing your application for disability pension. If you have the right to receive vocational rehabilitation in accordance with the legislation on earnings-related pensions, the pension provider will give you a preliminary decision.

To ensure a smooth and speedy rehabilitation process it is often necessary to share information among professionals and organisations involved in the planning and implementing of the rehabilitation.

When the pension provider investigates your entitlement to vocational rehabilitation, the pension provider has, under law, the right to receive information e.g. from Kela, the employer, doctors or other authorised healthcare professionals, healthcare facilities, organisations implementing rehabilitation or providing social services.

If the release of information in connection with your rehabilitation is not based on legislation, the information can only be released with your consent. Consent is given voluntarily.

You can withdraw your consent by informing the pension provider that is processing your case about this in writing.

I give my consent for the authorised pension provider to release rehabilitation decisions concerning myself and other information concerning the handling of my rehabilitation case.

Information may be released to the following professionals and organisations that participate in the planning and implementation of the rehabilitation:

- my workplace occupational health provider
- doctors or other medical professionals, hospitals and health care centres participating in my care
- rehabilitation institution or service provider
- Kela
- Employment and Economic Development Office
- educational institution or apprenticeship office
- my employer, with the exception that information about my health may not be released
- an employer offering me a work experience placement or job coaching, with the exception that information about my health may not be released

I do not consent to the release of any other information than information whose release is authorised by law.

12. Enclosures

Check that your name and personal identity code are stated on the enclosures.

Medical statement B.

i The medical statement must not be older than 6 months.

Has already been submitted; please specify where. _____

Will be submitted later; please specify when. _____

Section 1. Applicant

Appendix U (Residence and employment abroad, ETK/Kela 7110e)

Copy of the decision on legal representation.

Copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney.

Section 7. Education and work

Appendix TM (Maatalousyrittäjän selvitys, Mela/Kela 001)

Section 10. Other compensations, benefits and pensions

Copy of the decision or notice of payment or a certificate from the payer, stating the current gross amount per month of your pension or compensation from abroad.

No certificates are needed regarding your Finnish pensions and compensations.

Other enclosure

Please specify. You can provide additional information for the application also in other enclosures. Please write the number of the section you are referring to.

13. Signature

I have read the instructions for pension applicants (ETK/Kela 7007oe).

I declare that the information I have given is true and accurate. I will notify any changes.

If this form is not signed by the applicant, please explain why it was signed by someone else and state the signatory's phone number.

Place and date

Signature and printed name

